

MID 086147915

ity Name Mich. Petroleum co.

☐ ACKNOWLEDGEMENT SENT

wer ETA

INTERNAL CHECKLIST

Review Started 1-14-81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NOTIFIED after AUGUST 18, 1980

☐

Valid

(2) NONNOTIFIER

☐

E. (1) FORM 1, XIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. A. TSDF

☐

B. NONREGULATED

waste oil Recycler

☒

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NONCORE ITEM(S) MISSING

☐

H. OTHER

☐

TO:

(Record of item checked above)

FROM:

DATE

1/27/82

TIME

3:30

SUBJECT

Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

Mr. Nelson stated that TO4 daily capacity was  
10,000 gal, when uplan was working perfectly

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

DO:

## ITEM NUMBER

CHECK IF ITEM  
MISSINGII. Pollutant Characteristics ☐\*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

\*A. Street, Route Number ☐B. County Name ☐\*C. City or Town ☐\*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste codes) ☐

VIII. Operator Information

\*A. Name ☐\*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐\*E. Street or P.O. Box ☐\*F. City or Town ☐\*G. State ☐H. Zip Code ☐

CHECK IF IT  
MISSING

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. \*1. Name

2. Official Title

\*B. Signature

\*C. Date Signed

☐
☐
☐
☐

Comments:

\*Form 1 is missing

☐

Reviewer's Initial

CHECK IF ITEM  
MISSING

VIII. Facility Owner

- \*1. Name of Facility's Legal Owner
- 2. Phone
- \*3. Street or P.O. Box
- \*4. City or Town
- \*5. State
- 6. Zip Code


IX. Owner Certification

- \*A. Name
- \*B. Signature
- \*C. Date Signed


X. Operator Certification

- \*A. Name
- \*B. Signature
- \*C. Date


Comments:

\*Form 3 is missing

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1. # \_\_\_\_\_

Reviewer's Initial \_\_\_\_\_

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF 17  
MISSING

II. First Application

\*1. Existing Facility Date (on or before  
November 19, 1980)

☐

OR

\*2. New Facility Date (after November 19, 1980)

☐

III. Processes

\*A. Process Code

☐

\*B. Process Design Capacity-Amount

\*1. Amount

☐

\*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

\*A. EPA Hazardous Waste Number

☐

\*B. Estimated Annual Quantity

☐

\*C. Unit of Measure

☐

\*D. Processes

\*1. Process Codes

☐

\*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

<b>FORM 1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		<b>I. EPA I.D. NUMBER</b> F M 0086147915	
<b>LABEL ITEMS</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>III. FACILITY NAME</b>					
<b>V. FACILITY MAILING ADDRESS</b>					
<b>VI. FACILITY LOCATION</b>					

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C	1	SKIP	MICHIGAN PETROLEUM COMPANY
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**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>	
C	2	KREGER JAMES PLANT MANAGER	313 365 6800

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>		<b>B. CITY OR TOWN</b>		<b>C. STATE</b>	<b>D. ZIP CODE</b>
C	3	13650 HELEN AVE	DETROIT	MI	48185

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>		<b>B. COUNTY NAME</b>		<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
C	5	13650 HELEN AVE	WAYNE	DETROIT	MI	48185	

**VII. SIC CODES** (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

## X. EXISTING ENVIRONMENTAL PERMITS

## XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

**KIII. CERTIFICATION** (see instructions)

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
JAMES KREGER PLT MANAGER	<i>James Kreger</i>	Nov 19, 1980

**A Form 3510-1 (6-80) REVERSE**



<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center; margin-right: 10px;"><b>FORM 1</b> RCRA</div><div style="text-align: center; margin-right: 10px;"></div><div style="text-align: center;"><div>U.S. ENVIRONMENTAL PROTECTION AGENCY</div><div><b>HAZARDOUS WASTE PERMIT APPLICATION</b></div><div>Consolidated Permits Program</div><div>(This information is required under Section 3005 of RCRA.)</div></div></div>		<b>I. EPA I.D. NUMBER</b>																																																																																											
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<b>II. FIRST OR REVISED APPLICATION</b>																																																																																													
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																																																													
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<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																			
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)										FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN																																																																																			
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<p><b>A. PROCESS CODE</b> - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).</p>																																																																																													
<p><b>B. PROCESS DESIGN CAPACITY</b> - For each code entered in column A enter the capacity of the process.</p>																																																																																													
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<p>2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</p>																																																																																													
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<p><b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																																																													
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**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

RECLAMATION OF VARIOUS WASTE OILS. THE WASTE OIL MAY FROM TIME TO TIME BE CANNINGLED WITH SMALL AMOUNTS OF LISTED HAZARDOUS WASTE. ALSO THE GENERATOR MAY ELECT TO LIST THEIR WASTE OIL AS HAZARDOUS, EVEN THOUGH IT MAY NOT BE, SIMPLE TO INSURE THAT HE IS WELL WITHIN THE LAW.

ALL WASTE OILS ARE RECYCLED.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

535

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 150-SB0004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
M1D086147915															DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	23	24	25	26			27	28	29	30	31	32	33	34										
1	F	0	0	1	100	P									RECYCLED WITH WASTE OIL									
2	F	0	0	3	100	P									11									
3	F	0	0	5	200	P									11									
4	U	0	0	2	150	P									11									
5	U	1	5	4	200	P									11									
6	U	1	5	9	100	P									11									
7	U	2	2	0	150	P									11									
8	U	2	3	9	100	P									11									
9	D	0	0	8	20,000	P									11									
10	D	0	0	1	25,000	P									11									
11	D	0	0	2	10,000	P									11									
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE 3 (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F M I D 0 8 6 1 4 7 9 1 5 T/A C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

42 25 005

083 02 010

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E

3. STREET OR P.O. BOX

A. CITY OR TOWN

S. ST.

6. ZIP CODE

F G

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Roger B. Picca

Roger B. Picca

12-1-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

SCALE: 1 inch  $\approx$  100'

Michigan PETROLEUM

5071

PROCESS  
AND  
STORAGE  
TANKS

3821

10'-Dia  
30'-Length10'-D  
25'-L10'-D  
25'-L10'-D  
25'-L10'-D  
25'-LPUMP  
AND  
Boiler  
Room

50'

10'-D  
25'-LUNDERGROUND  
STORAGE  
TANK

Boundary Property

315'

GATE  
ENTRANCE





1.1 FOR OFFICIAL USE ONLY												
5	6	7	8	9	10	11	12	13	14	15	16	17
W												
1	2	3	4	5	6	7	8	9	10	11	12	13

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	4  23 - 26	5  23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 1 5 4 23 - 26	33 U 1 5 9 23 - 26	34 U 2 3 9 23 - 26	35 U 2 2 9 23 - 26	36  23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

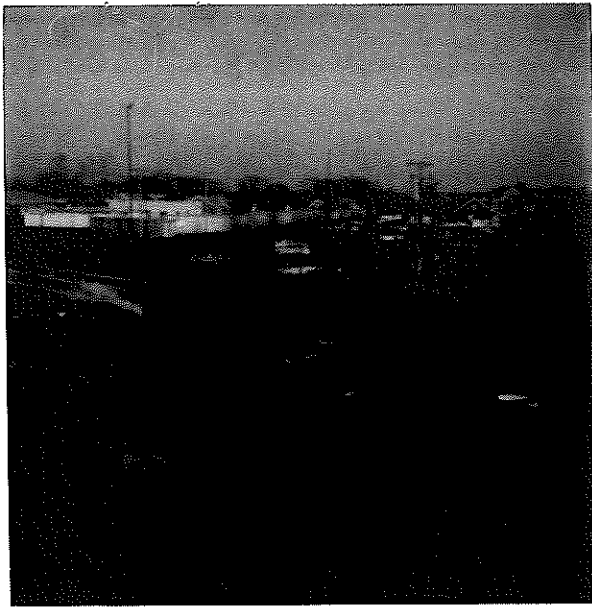
☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

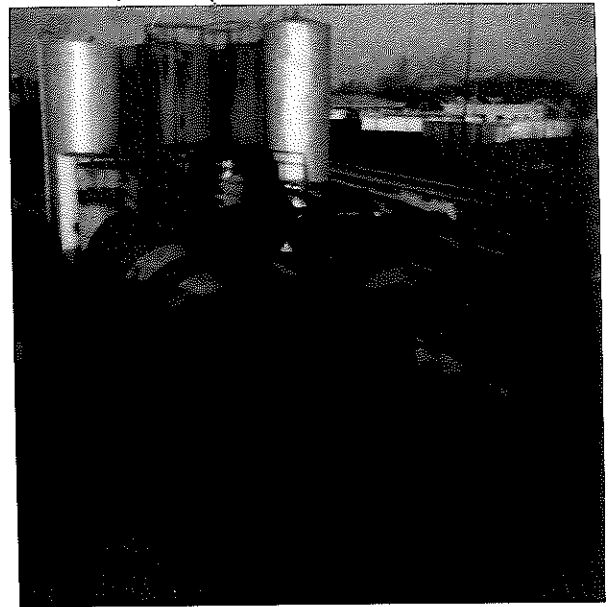
I certify, under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>James Kruger</i>	NAME & OFFICIAL TITLE (type or print) <i>Plant Manager</i>	DATE SIGNED <i>Nov 18, 1990</i>
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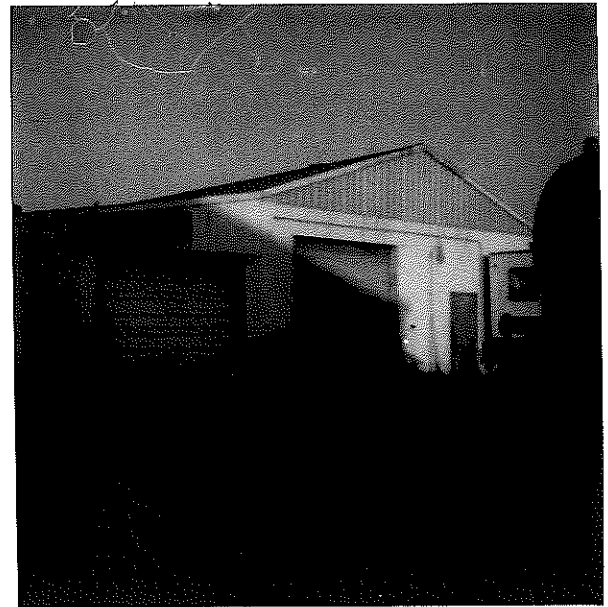
STORAGE AND TREATMENT  
11/17/80 TANKS



STORAGE AND TREATMENT  
11/17/80 TANKS



UNDERGROUND STORAGE  
11/17/80 TANK



Pump and Boiler House  
11/17/80

